

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

MOUNTIKO MARINE CO. LTD.,

Plaintiff,

-V-

PEAK STAR TRADING CO. LLC, PAWAN
JAIN & SONS AND SOCIETE PRAGATI
S.A.R.L a/k/a PRAGATI INTERNATIONAL,

Defendant.

CERTIFICATE OF MAILING

07 CV 3334 (LBS)

I, J. Michael McMahon, Clerk of Court for the Southern District of New York, do hereby certify that on the

26th Day of October, 2007

I served the

Summons & Verified Complaint

pursuant to the Federal Rule of Civil Procedure 4 (f) (2) (C) (ii) filed and issued herein on the,

26th Day of April, 2007


by mailing via DHL Worldwide Express, pick up scheduled for 500 Pearl Street, New York, N.Y., a copy of each thereof, securely enclosed in a DHL Express Envelope with a prepaid international air bill addressed to:

See attached for listing of Defendants

DHL Express International Waybill Tracking Number:

756 325 3924

Dated: New York, NY


CLERK

1 From (Shipper)	
Account no. 760514858	Shipper's reference 170-07/RS
Company name FREEHILL HOGAN & MAHAR	
Shipper's name Pamela L. Schmitt	
Address 24TH FL 90 PINE ST NEW YORK NY	
Zip code (required) 100051702	Phone/Fax/E-mail circle one (required) (212) 425-1900

2 To (Recipient)	
Company name Pawan Jain & Sons	
Attention	
Delivery address D-38, SMA, Industrial Area G.T.K. Road Delhi, 110033, India	
Zip/Postcode (required)	Phone/Fax/E-mail circle one (required)

5 Shipper's authorization and signature	
I/we agree that DHL's standard terms apply to this shipment and limit DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). I/we authorize DHL to complete other documents necessary to export this shipment. I/we understand that insurance is available on request, for an extra charge. I/we agree to pay all charges if the recipient or third party does not pay. I/we understand that DHL DOES NOT TRANSPORT CASH.	
Signature (required) Pamela L. Schmitt	Date 10/26/07



756 3253 924

3 Shipment details	
Domestic Services <input type="checkbox"/> USA OVERNIGHT International Services <input checked="" type="checkbox"/> INT'L DOCUMENT EXPRESS <input type="checkbox"/> WORLDWIDE PRIORITY EXPRESS <input type="checkbox"/> WORLDFREIGHT WorldMail Services <input type="checkbox"/> APM <input type="checkbox"/> 2nd <input type="checkbox"/> IPA <input type="checkbox"/> ISAL Special Services <input type="checkbox"/> SATURDAY DELIVERY <input type="checkbox"/> POD <input type="checkbox"/> OTHER	Payment Options not all options available to all countries <input type="checkbox"/> Shipper's account <input type="checkbox"/> Recipient <input type="checkbox"/> Third party Acct. No. <input type="checkbox"/> Cash / Check / Credit Card No. Expires. Type. Shipment insurance if desired, enter amount below US \$ Insured value
Full description of contents gov document	
International non document shipments only Attach original and four copies of a Commercial Invoice Declare value for customs (In US \$). Export License No./Symbol (if applicable) Harmonized Sched. B No. (if applicable) Type of export <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Repair/Return Shipper's EIN/SSN These commodities, technology or software were exported from the United States in accordance with the export administration regulations. Diversion contrary to U.S. law prohibited.	
Destination duties/taxes If left blank recipient pays duties/taxes <input type="checkbox"/> Recipient <input type="checkbox"/> Shipper <input type="checkbox"/> Other	

4 Pcs/Weight/Size	
No. of pieces	
Weight if DHL Express Document packaging is used, enter XD	
Dimensions in inches	
DIMENSIONAL/CHARGED WEIGHT	
CODES	CHARGES Services
Special services	
Insurance	
Drop Box/ Exp. Center	
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TOTAL	
TRANSPORT COLLECT STICKER No.	
PICKED UP BY	
Time	
Date	